PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/693 730

		CLAIMS A						SMALLE	NTITY		OTHER	THAN
TOTAL CLAIMS			(Column 1)		(Column 2)			TYPE		OR	OR SMALL ENTIT	
								RATE	FEE		RATE	FEE
 -	OR	NUMBER FILED		NUMBER EXTRA			Basic Fee	355,00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			Sminus 20=		* 8			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			# minus 3 =					X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR		
* If the difference in column 1 is less than zero, ent					"0" in	column 2	I	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II										1011	OTHER	THAN
-		(Column 1)	AN TARK WAR	(Colur		(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 28	Minus.	** 6	18	= pricess		X\$ 9=		OR	X\$18=	
	Independent	ENTATION OF ME	Minus	***	CLAIN	= ***		42×46=		OR	6 × 86=	
·		ENTATION OF MI	JETTP LE DE	CENDEN!	CLAIM		, ,	+135=		OR	+270=	
							L	TOTAL		OP.	TOTAL	····
	,	(Column 1)		(Colum	nn 21	(Column 3)		ODIT, FEE		l Ori	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING		HIGH	EST		۱г		ADDI-	1 1		ADDI-
		AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	. 28	Minus	29	8	=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MU	Minus	***	1	=		X40=		OR	X80=	84
	THE CE	HIATON OF MC	CTIPLE UCF	CIADEIAI	CLAIM			+135=			+270≈	
			•				L	TOTAL		OR	TOTAL	840
		(Column 1)		(Colum	.m. (1)	(Calumen 0)	A	DDIT, FEE L		OR ,	ADDIT. FEE	07P
٠		CLAIMS		(Colum		(Column 3)						
MINENDMENT		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X40=			X80=	·
	HHST PRESE	NTATION OF MU	LTIPLE DEP	PENDENT	CLAIM		-			OR	700=	
* if	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
II	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR A	TOTAL DDIT. FEE	
T	he "Highest Num	mper Previously Pai ber Previously Paid	or or in this For (Total or	SPACE is Independen	less than it) is the	i 3, enter "3." highest number		DIT. FEE	opriate box			
								1,	•			1